

PASARR

(Preadmission Screening and Annual Resident Review)

Bureaus of Developmental Services and Behavioral Health

Notice to Individuals Seeking Admission to Nursing Homes

This Notice and PASARR Referral Forms must be forwarded to the PASARR Office (Fax 603-271-5051) **before** a PASARR Screening can occur. If approved for a long-term stay, the approval date granted will be the date that this signed form is received at the PASARR office.

Individual's Name: _____

Address: _____

Legal Guardian/Representative's Name: _____

Address: _____

Referring Physician's Name: _____

Address: _____

State and federal regulations require that a preadmission screening must occur **before** any person who is known to have or possibly may have a mental illness and/or mental retardation or related condition is admitted to a Medicaid participating nursing facility, regardless of whether the individual's nursing facility care will be paid privately or by Medicaid or Medicare.

The purpose of PASARR is first, to make sure that persons who do have a mental illness and/or mental retardation or related condition will receive appropriate supports to meet their needs and second, to determine whether the nursing facility is the least restrictive setting where these supports are available or whether another community setting is more appropriate for the individual. All PASARR decisions can be appealed.

You are being given this NOTICE because you want to go to a nursing facility and you may have a mental illness and/or mental retardation or a related condition. Therefore, your application is being sent to the PASARR office. Occasionally, the PASARR office will request that the local behavioral health center and/or area agency obtain additional information to assist us in making a final determination.

The PASARR office will notify you if the information provided **does not confirm** that you have a mental illness and/or mental retardation or a related condition, in which case the PASARR office will no longer be involved in making decisions about your appropriateness for admission to a nursing facility.

If the screening **does confirm** that you have a mental illness and/or mental retardation or related condition, then the PASARR office will determine **whether or not you are appropriate for** admission to a nursing facility.

If you are determined appropriate, the PASARR office also needs to decide whether you would benefit from specialized services while you are in the nursing facility from either an area agency that supports persons with mental retardation and related conditions or from a local behavioral health center providing a variety of mental health services. The PASARR office will give you a report of the results of the screening and any recommendations.

If you are determined not to be appropriate for admission to a nursing facility, you will be given a report explaining the reason, suggesting other choices available to you.

PASARR decisions may be appealed in writing to the Office of Client and Legal Services, 105 Pleasant Street, Concord, NH 03301 provided this is done within thirty-five (35) days from the date on the letter notifying you of the results of the screening. If you have questions or need more help to understand this process, you may call the PASARR office at 271-5033.

The information in this notice has been reviewed with me. _____
(Patient or Legal Guardian/Representative)

Person making the referral: _____ Date: _____

Original to be kept in applicant's file and a copy must accompany the PASARR Referral forms when submitted for screening.

Revised: 2/04; 3/04; 9/04; 6/06, 8/06